



**Public Interest Loan Repayment Assistance Program
Mid-Year Employment Verification Form**

TO BE COMPLETED BY THE RECIPIENT:

Name: _____

Has your employment changed since completing your PILRAP application last October?

Yes, complete new information below. No

Job title: _____

Annual Salary: _____ Full-time Part-time _____ (hrs/wk)

Date of employment: _____

I authorize my employer at _____
to provide the information requested below to American University Washington College of Law.

Signature _____ Date _____

TO BE COMPLETED BY THE EMPLOYER:

The above-named employee has applied to American University Washington College of Law's Public Interest Loan Repayment Assistance Program. As part of the program, each recipient must submit certification of their employment status to continue receiving PILRAP funds. Kindly complete the information requested below and return this form to your employee. Thank you.

Supervisor's Name: _____

Supervisor's Title: _____

Telephone: _____ Email: _____

I confirm that the above-named recipient is a current employee as of this date:

Signature of Supervisor/Designee

Date

Please sign, date and fax this form to (202) 274-4107 to verify employment.

**Financial Aid Office, Washington College of Law
4801 Massachusetts Avenue NW, Suite 505, Washington, D.C. 20016-8187
Telephone (202) 274-4040, Fax: (202) 274-4107**